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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/553,923
		Filing Date	October 21, 2005
		First Named Inventor	Catherine Allioux
		Group Art Unit	Unassigned
		Examiner Name	Unassigned
Total Number of Pages in This Submission	3	Attorney Docket Number	124-000610US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> PTO-1449 Form	<input type="checkbox"/> Interview Summary
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Cited References	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Copy of PCT Search Report	<input type="checkbox"/> Request for Corrected Filina receipt
<input type="checkbox"/> Amendment and Request for Reconsideration	<input type="checkbox"/> Copy of EP Search Report	<input type="checkbox"/> Copy of Filing Receipt – marked up
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Receipt Acknowledgement Postcard	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Change in Entity Status Under 37 CFR 1.28 (c) + one copy
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

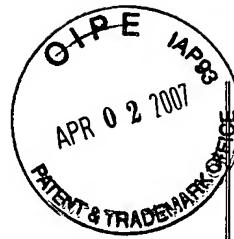
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Angela P. Horne, Ph.D., Reg. No. 41,079, Quine Intellectual Property Law Group,
Signature	
Date	March 29, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kimberly Cheung		
Signature		Date	March 29, 2007



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QUINE INTELLECTUAL PROPERTY LAW GROUP, P.C.

By Kimberly Cheung
Kimberly Cheung

Attorney Docket No. 124-000610US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Catherine Allioux, et al.

Application No.: 10/553,923

Filed: October 21, 2005

For: **METHODS OF HOST CELL PROTEIN ANALYSIS**

Examiner: Unassigned

Art Unit: Unassigned

CHANGE IN ENTITY STATUS UNDER 37 CFR 1.28 (c)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In the above referenced case, Applicants have previously claimed small entity. Small entity was claimed in good faith and fees paid as small entity in good faith when the case was filed. Accordingly, Applicants are filing this submission to notify the Office that they are large entity and to pay for the deficiency owed.

Applicants have provided below the itemizations of the deficiency payment owed:

Date Paid	Fee Code (Lrg/Sm)	Fee Description	Small Entity Fee - Paid	Large Entity Fee	Amount Owed
10/28/06	1011/2011	Basic filing fee-Utility	150.00	300.00	150.00
10/28/06	1111/2111	Utility Search Fee	250.00	500.00	250.00
10/28/06	1311/2311	Utility Exam Fee	100.00	200.00	100.00
10/28/06	1202/2202	Total Claims (over 20)	75.00	150.00	75.00

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The total deficiency owed for the above referenced case is **\$575.00** Please charge the deficiency payment owed and any other fees that may be required to deposit account #50-0893.

This letter is submitted in duplicate.

Respectfully submitted,



Angela P. Horne, Ph.D.
Reg. No. 41,079

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